

Application for Duplicate License or Amendment to File

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Tennessee Teacher Permit:

Since the Tennessee License or Permit was last issued or renewed:

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? _____ YES _____ NO
2. Have you been convicted of the illegal possession of drugs and/or narcotics? _____ YES _____ NO
3. Have you falsified or altered documentation for licensure? _____ YES _____ NO

Signature _____ Date _____

Please complete the following information on all requests:

NOTE: If you are requesting a name change you must submit a notarized or certified copy of the marriage license, divorce decree or court order that has generated the legal change of name.

If you are requesting a duplicate of your license you must complete Part II, Part III. Part IV is to be completed by a Notary Public.

I. Previous Applicant Information

Name _____

Address _____

Teacher License Number _____

Social Security Number _____

II. Current Applicant Information

Name _____

Address _____

Teacher License Number _____

Social Security Number _____

III. Request for Duplicate of License *(Requires completion of Part IV also)*

I do not have a copy of my license. Please send a duplicate of my:

_____ Teacher License _____ Administrator License _____ Other _____
(list other type of license here)

Applicant's Signature _____ **Date** _____

IV. Notary Information (must be completed by Notary Public)

State of _____, _____ County, _____ personally appeared
(Applicant)

before me, _____, a Notary Public in and for said County. Sworn and subscribed before me
(Name of Notary)

this _____ day of _____, 20_____.

(Notary Signature)

Place Notary Seal here.

TENNESSEE STATE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4885